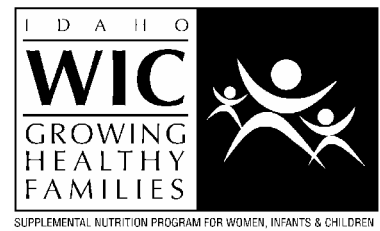


# Application for WIC

FORM NO: 101E (09/04)

For better service,  
please call local  
agency to make an  
appointment.



DATE APPLIED: \_\_\_\_\_  
APPT DATE: \_\_\_\_\_

*Please complete both sides of this application.*

<b>Responsible Adult</b>	FIRST	MI	LAST	MAIDEN NAME (if any)	
<b>Physical Address</b>	STREET	CITY	COUNTY	STATE	ZIP CODE
<b>Mailing Address (if different)</b>	STREET	CITY	COUNTY	STATE	ZIP CODE
<b>Telephone</b>	HOME		WORK OR MESSAGE		

List all people who are applying for WIC services. Include due date of unborn children in space for name.  
(Ethnicity, sex and race data are for statistical purposes only. They are not used to determine eligibility.)

## FOR WIC USE

LEGAL NAME FIRST NAME MI LAST NAME	SOC SEC #/SEX/ETHNICITY	RACE (check all that apply)	ID NUMBERS F _____
_____ Date of Birth _____	Soc. Sec. # _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> White	
_____ Date of Birth _____	Soc. Sec. # _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> White	
_____ Date of Birth _____	Soc. Sec. # _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> White	
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_____ Date of Birth _____	Soc. Sec. # _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> White	

More on the back

How many people are living in your household (include unborn child/ren)? \_\_\_\_\_

Is anyone in your household receiving Food Stamps, TAFI, Medicaid or CHIP? ☐ no ☐ yes

Is anyone in your household a migrant farm worker? ☐ no ☐ yes

How did you hear about the WIC Program?

FF ☐ Family or Friends

MD ☐ Doctor office

PH ☐ School

HD ☐ Health Department

IH ☐ Indian Health Services

HW ☐ Health & Welfare

OT ☐ Other

SE ☐ I have been on WIC before.

Where have you been on WIC before? \_\_\_\_\_

**Please read the statements below and sign to indicate you understand and agree to follow these conditions if you and your children are determined eligible to participate in the Idaho WIC Program.**

- **All information I have provided is correct** and WIC staff may verify any of the information. I may be prosecuted under the law and have to pay back what I received if I have intentionally lied or withheld the truth.
- **I can receive WIC benefits from only one WIC office at a time.**
- **I have the right to appeal eligibility decisions** by requesting a fair hearing within 60 days.
- **I consent to the taking of height and weight measures and a finger stick blood test** for anemia from myself or my child. These are used to establish nutritional need for the WIC program.
- **I authorize the WIC Program to share** the eligibility information (such as name, address and birth date) for myself and my children listed on this form with local, state and federal WIC sponsors. This information will be used for the purposes of receiving WIC services, and referral for other appropriate Department of Health and Welfare services.
- **I authorize the WIC Program to use** health data and eligibility information for receiving WIC services and for evaluating the effectiveness of the program, monitoring, and auditing the program. I release these agencies from any and all responsibility and liability concerning the release of information I have consented to be released.
- **I may review my record** and I have the right to revoke this consent in writing at any time.

X

\_\_\_\_\_  
Signature of Responsible Adult

\_\_\_\_\_  
Date

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC, 20250-9410 or call (702) 720-5964 (voice and TDD).

**THIS BOX IS FOR WIC STAFF USE ONLY**

IDENTIFICATION	INCOME ELIGIBLE	INCOME SOURCE (employer)	Amount	**	Subtotal
<input type="checkbox"/> visual	<input type="checkbox"/> TAFI-MA-FS-CHIP	1. _____	\$ _____	_____	\$ _____
<input type="checkbox"/> other _____	<input type="checkbox"/> check stub <input type="checkbox"/> W-2	2. _____	\$ _____	_____	\$ _____
_____	<input type="checkbox"/> unemployment	3. _____	\$ _____	_____	\$ _____
_____	<input type="checkbox"/> other _____				
	<b>**MONTHLY INCOME CONVERSION</b>	<b>Household size:</b> _____	<b>Monthly gross income \$</b> _____		
	Weekly _____ x 4.3	Is there other income (overtime, tips, bonuses, child support, SSI) ?			
	Bi-weekly (every 2 wks) _____ x 2.15				
<b>RESIDENCE ELIG.</b>	Semi-monthly (twice/mo) _____ x 2				
<input type="checkbox"/> driver license	Quarterly _____ ÷ 3				
<input type="checkbox"/> utility bill <input type="checkbox"/> letter	Hourly (Rate x hrs/wk) x 4.3				
<input type="checkbox"/> other _____					
<b>PREGNANCY PROOF</b>					
<input type="checkbox"/> written <input type="checkbox"/> visual					

Staff Signature and Date